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APPLICANTS

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** CONTINUING DATA *****
 This appln claims benefit of 60/169,457 12/07/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 05/11/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 13	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
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Verified and Acknowledged
 Examiner's Signature _____ Initials _____

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TITLE
 METHODS FOR DISEASE DETECTION

FILING FEE RECEIVED 410	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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